PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

			or <u>Fax</u> (5	71)-273-2885	inia 22313	-1450	
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical	form should be used : correspondence including ed below or directed off tions.	for transmitting the ISSI ng the Patent, advance o herwise in Block I, by (UE FEE and PUBLICAT rders and notification of a) specifying a new com-	FION FEE (if requi maintenance fees w espondence address;	ired). Blocks vill be mailed and/or (b) in	1 through 5 sh I to the current adicating a sepa	nould be completed when correspondence address a rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
STAAS & HAI SUITE 700	7590 11/18 LSÉY LLP		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimal transmitted to the USPTO (571)273-2885, on the date indicated below.				
1201 NEW YOR WASHINGTON	K AVENUE, N.W , DC 20005	tra	addressed to the Mail Stop ISSUS FEB address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.				
		-	(Depositor's name) (Signature)				
			· (Daic)				
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/779,820	10/779,820 02/18/2004		Shinobu Sasaki		1080.1135 6805		
TITLE OF INVENTION: LIBRARY DEVICE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOT	AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/18/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS	٦			
JEN, MINGJEN 3664			700-245000	J			
. Change of corresponde CFR 1.363).	nce address or indicatio		printing on the patent front page, list				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to or agents OR, alternate	, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form FTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2-registered attorney or agent) and the names of up to 2-registered patent attorneys or agents. If no name is 1 listed, no name will be printed attorneys or agents.				
. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for read on the form in YOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE							
(,							
FUJITSU LIMITED KAWASAKI, JAPAN **Clease check the appropriate assignee category or categories (will not be printed on the patent): Individual **Discorporation or other private group entity Government Government							
lcase check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	Individual XI Co	rporation or o	other private gro	up entity Governmen
a. The following fee(s) a	re submitted:	s. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
	o small entity discount p	Payment by credit card, Form PTO-2038 is attached.					
Advance Order - #	of Copies	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form).					
	us (from status indicated		☐ b. Applicant is no los				
OTE: The Issue Fee and	Publication Fee (if requested Sta	uired) will not be accepte					assignee or other party in
Authorized Signature	N	WILL				11,2010	
Typed or printed name	Mehdi D. S	heikerz		Registration N	o41	,307	
his callection of informs	tion is required by 37 C	FR 1 311 The information	n is required to obtain or	ratain a hanafit hu th	ha amblia mbi	ah is to file for A	L. d. HODTO

ans concerno or information is required by 51 CFR 1,311. The information is required to obtain or relatin a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S. C.122 and 37 CFR 1,41. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chefr Information Officer, U.S. Patent and Tandemark U.S. Department of Commerce, P.O. Box 1450, Akzandria, Viginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Akzandria, Viginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.